

EXHIBITS

PAGES 1 – 67.

Cited in the complaint as (**Ex. pg. 1. – ex. pg. 67.**)

Management & Training Corporation
Texas Civil Commitment Center

SICK CALL REQUEST

RECEIVED

Date/Time:

Initials:

Client Name: <u>Timothy Baiza</u>		Date Submitted: <u>12-12-2022</u>
Client ID: <u>05904482</u>	Housing: <u>E-2</u>	Work Location: <u>Volunteer</u>
Treatment Schedule: <u>Tuesday-Thursday 8-11AM</u>		Work Schedule: <u>3pm-7pm Tues-Friday</u>

SERVICES REQUESTED

<input checked="" type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Prescription Refill	<input type="checkbox"/> Other (specify):
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Reason for Request: <u>I injured my shoulder playing handball</u> <u>and now I having A bad pain in my right shoulder</u> <u>That is getting worse</u>
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DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY MEDICAL STAFF

Screening Date: <u>12/13/22</u>	Screening Time: <u>1040</u>	Nurse Initial: <u>SB</u>	<u>Routine</u> Urgent
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ACTION TAKEN BY MEDICAL (initial in box)

<input checked="" type="checkbox"/> Written response (see below)	<input checked="" type="checkbox"/> Referred to provider	<input type="checkbox"/> Client refused tx-form completed	<input type="checkbox"/> Prescription refill ordered: Date:
<input checked="" type="checkbox"/> Seen by nurse	<input type="checkbox"/> Seen by provider	<input type="checkbox"/> Offsite provider appointment scheduled this date:	<input type="checkbox"/> Type of provider:

Response to client or Nursing comments:

<u>Pt has been taking tylenol & ibuprofen, not helping. Cannot</u> <u>lift arm past 30° Referring to provider.</u>	
Nurse Print/Sign: <u>J. Cuths RN</u>	Date: <u>12/18/22</u>

Provider comments:

Provider Print/Sign:		Date:
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Management & Training Corporation
Texas Civil Commitment Center

SICK CALL REQUEST

RECEIVED

Date/Time:

Initials:

Client Name: <u>Timothy Baiza</u>		Date Submitted: <u>1-3-23</u>
Client ID: <u>05904482</u>	Housing: <u>E-2</u>	Work Location: <u>NA</u>
Treatment Schedule: <u>Tues; Wed; 8AM-11.15 AM</u>	Work Schedule: <u>NA</u>	

SERVICES REQUESTED

<input checked="" type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Prescription Refill	<input type="checkbox"/> Other (specify):
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Reason for Request: It's Boing on 3 wks And I still haven't
seen the provider for my right shoulder. I'm in serious
pain. What do I have to do to see and get X-Rays for
my shoulder I already seen the Nurse like 5 wks ago. Thank you for your time.
 DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY MEDICAL STAFF

Screening Date: <u>1/3/23</u>	Screening Time: <u>1043</u>	Nurse Initial: <u>um</u>	<input checked="" type="radio"/> Routine <input type="radio"/> Urgent
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ACTION TAKEN BY MEDICAL (initial in box)

Written response (see below)	<input checked="" type="checkbox"/>	Referred to provider	<input type="checkbox"/>	Client refused tx- form completed	<input type="checkbox"/>	Prescription refill ordered: Date:
Seen by nurse	<input type="checkbox"/>	Seen by provider	<input type="checkbox"/>	Offsite provider appointment scheduled this date:	Type of provider:	

Response to client or Nursing comments:

Chronic issue.

Nurse Print/Sign: J. Under RNDate: 1/3/23

Provider comments:

It seen X-ray (R) shoulder ordered

Provider Print/Sign:

[Signature]
Nurse Practitioner

Date: 1/4/23

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Management & Training Corporation
Texas Civil Commitment Center

Copy
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SICK CALL REQUEST

RECEIVED

Date/Time:

Initials:

Client Name: <u>Timothy BAIZA</u>		Date Submitted: <u>1/15/22</u>
Client ID: <u>05904482</u>	Housing: <u>E-2</u>	Work Location:
Treatment Schedule:	Work Schedule:	

SERVICES REQUESTED

Medical	Dental	Prescription Refill	Other (specify):
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Reason for Request: Previously, I WAS EXAMINED + XRAYED ON MY RIGHT SHOULDER. HOWEVER, I RECENTLY SLIPPED IN THE LAUNDRY AREA AND WHEN I CAUGHT MYSELF, I HEARD A SNAP. I NOW NOW CAN'T LIFT MY ARM VERY MUCH AND IT'S CONTINUOUSLY HURTS. PLEASE HELP!

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY MEDICAL STAFF

Screening Date: <u>1/17/23</u>	Screening Time: <u>0839</u>	Nurse Initial: <u>um</u>	<input checked="" type="radio"/> Routine <input type="radio"/> Urgent
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ACTION TAKEN BY MEDICAL (initial in box)

<input checked="" type="checkbox"/> Written response (see below)	<input checked="" type="checkbox"/> Referred to provider	<input type="checkbox"/> Client refused tx-form completed	<input type="checkbox"/> Prescription refill ordered: Date:
<input checked="" type="checkbox"/> Seen by nurse	<input type="checkbox"/> Seen by provider	<input type="checkbox"/> Offsite provider appointment scheduled this date: Type of provider:	

Response to client or Nursing comments:

Referred to provider chronic care. Note in Sapphire.

Nurse Print/Sign: J. Curo RN Date: 1/19/23

Provider comments:

Provider Print/Sign: Date:

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Copy

Management & Training Corporation
Texas Civil Commitment Center

SICK CALL REQUEST

RECEIVED

Date/Time:

Initials:

Client Name: <u>Timothy Baiza</u>		Date Submitted: <u>2-14-2023</u>
Client ID: <u>05904482</u>	Housing: <u>E</u>	Work Location: <u>NH</u>
Treatment Schedule: <u>Tues: 3 Thurs: 8-11.15AM</u>	Work Schedule: <u>NH</u>	

SERVICES REQUESTED

<input checked="" type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Prescription Refill	<input type="checkbox"/> Other (specify):
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Reason for Request: Dr. Barlow: The 600 I-buprofen and 650 Tylenol are not helping I am in severe pain in my right shoulder. Please Help.

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY MEDICAL STAFF

Screening Date: <u>2/16/23</u>	Screening Time: <u>1h:40</u>	Nurse Initial: <u>jc</u>	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Urgent
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ACTION TAKEN BY MEDICAL (initial in box)

<input checked="" type="checkbox"/> Written response (see below)	<input checked="" type="checkbox"/> Referred to provider	<input type="checkbox"/> Client refused tx-form completed	<input type="checkbox"/> Prescription refill ordered: Date:
<input type="checkbox"/> Seen by nurse	<input type="checkbox"/> Seen by provider	<input type="checkbox"/> Offsite provider appointment scheduled this date:	<input type="checkbox"/> Type of provider:

Response to client or Nursing comments:

Referred to provider for chronic care

Nurse Print/Sign:

J. Carlow RN

Date: 2/16/23

Provider comments:

Sick Call Completed g. Kaufman, RN

Provider Print/Sign:

Barlow / J. Carlow

Date: 2/20/23

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Management & Training Corporation
Texas Civil Commitment Center

SICK CALL REQUEST

RECEIVED

Date/Time:

Initials:

Client Name: <u>Timothy BAIZA</u>		Date Submitted: <u>3/12/23</u>
Client ID: <u>05904482</u>	Housing: <u>E-2</u>	Work Location:
Treatment Schedule:	Work Schedule:	

SERVICES REQUESTED

<input checked="" type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Prescription Refill	<input type="checkbox"/> Other (specify):
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Reason for Request: I would like to know the status of the request for an MRI on my shoulder and hip. Also, the Cymbalta you gave me isn't working at all.

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY MEDICAL STAFF

Screening Date: <u>3/12/23</u>	Screening Time: <u>0815</u>	Nurse Initial: <u>SB</u>	<u>Routine</u> Urgent
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ACTION TAKEN BY MEDICAL (initial in box)

<input checked="" type="checkbox"/> Written response (see below)	<input type="checkbox"/> Referred to provider	<input type="checkbox"/> Client refused tx-form completed	<input type="checkbox"/> Prescription refill ordered: Date:
<input type="checkbox"/> Seen by nurse	<input type="checkbox"/> Seen by provider	<input type="checkbox"/> Offsite provider appointment scheduled this date: Type of provider:	

Response to client or Nursing comments:

MRI is pending scheduling.

Nurse Print/Sign:

J. Cordero RN

Date:

3/13/23

Provider comments:



SCANNED

Provider Print/Sign:

Date:

Management & Training Corporation
Texas Civil Commitment Center

SICK CALL REQUEST

RECEIVED

Date/Time:

Initials:

Client Name: <u>Timothy Baiza</u>	Date Submitted: <u>4-27-23</u>
Client ID: <u>05704452</u>	Housing: <u>E-2</u>
Treatment Schedule: <u>Tues, 3-Thur: 8:30</u>	Work Location: <u>NA</u>
	Work Schedule: <u>NA</u>

SERVICES REQUESTED

<input checked="" type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Prescription Refill	<input type="checkbox"/> Other (specify):
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Reason for Request: I please need to see the Provider
because, I am still in pain with a Torn bicep
and Torn Rotator cup on my right arm and shoulder.
Please Help Thank you for your time. G.B.

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY MEDICAL STAFF

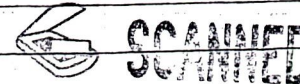
Screening Date: <u>4/28/23</u>	Screening Time: <u>11:20</u>	Nurse Initial: <u>GB</u>	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Urgent
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ACTION TAKEN BY MEDICAL (initial in box)

Written response (see below)	<input checked="" type="checkbox"/>	Referred to provider	<input type="checkbox"/>	Client refused tx-form completed	<input type="checkbox"/>	Prescription refill ordered: Date:
Seen by nurse	<input type="checkbox"/>	Seen by provider	<input type="checkbox"/>	Offsite provider appointment scheduled this date:	<input type="checkbox"/>	Type of provider:

Response to client or Nursing comments:

Referred to provider for chronic care



Nurse Print/Sign:

J. C. do RN

Date:

5/2/23

Provider comments:

Saw Dr. Broselow regarding
this on 4/28/23 @ 11:45 am

Provider Print/Sign:

K. M. RN

Date:

5/3/23

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Management & Training Corporation
Texas Civil Commitment Center

SICK CALL REQUEST

RECEIVED

Date/Time:

Initials:

Date Submitted:

~~6-21-23~~

6-22-23

Client Name: Timothy Barza

Client ID: 05709482

Housing: E-2

Work Location:

Treatment Schedule: Friday @ 12:30 PM

Work Schedule: N/A

SERVICES REQUESTED

Medical	Dental	Prescription Refill	Other (specify):
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Reason for Request:

I please need to see the provider about my pain in my hip and shoulder. I'm no longer taking the (Cymbalta 90 mg), I was getting side effects from it. Please Help. Thank you.

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY MEDICAL STAFF

Screening Date: 6/23/23

Screening Time: 0900

Nurse Initial: SB

Routine Urgent

ACTION TAKEN BY MEDICAL (initial in box)

<input checked="" type="checkbox"/> Written response (see below)	<input checked="" type="checkbox"/> Referred to provider	<input type="checkbox"/> Client refused to form completed	<input type="checkbox"/> Prescription refill ordered: Date:
<input type="checkbox"/> Seen by nurse	<input type="checkbox"/> Seen by provider	<input type="checkbox"/> Offsite provider appointment scheduled this date:	<input type="checkbox"/> Type of provider:

Response to client or Nursing comments:

Ongoing issue - resident is on the approved Orthopedic Specialist. Resident requesting a new med (Meloxicam) - find to provider.

Nurse Print/Sign:

Nurse Print/Sign: [Signature]

Date:

6/24/23

Provider comments:

Sick call complete

Provider Print/Sign:

Provider Print/Sign: [Signature]

Date:

6/25/23

Management & Training Corporation
Texas Civil Commitment Center

SICK CALL REQUEST

RECEIVED

Date/Time:

Initials:

Date Submitted: 7-20-23

Client Name: Timothy B. 212

Client ID: 25124452

Housing: E-2

Work Location: N+

Treatment Schedule: Mon-Fri 12 PM

Work Schedule: N+

SERVICES REQUESTED

☒ Medical ☐ Dental ☒ Prescription Refill ☐ Other (specify):

Reason for Request:

I please need to see the provider to get the 15mg on the pain med I'm taking to see if I can get a stronger dosage. Thank you for your time. → Meloxicam 15mg

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY MEDICAL STAFF

Screening Date: 7/21/23

Screening Time: 0830

Nurse Initial: je

Routine

Urgent

ACTION TAKEN BY MEDICAL (initial in box)

Written response (see below)

☒

Referred to provider

Client refused bc form completed

Prescription refill ordered: Date:

Seen by nurse

Seen by provider

Offsite provider appointment scheduled this date: Type of provider:

Response to client or Nursing comments:

Referred to provider for possible med change

Nurse Print/Sign:

J. C. 212 RN

Date:

7/21/23

Provider comments:

Sick call completed

Provider Print/Sign:

Brosela / [Signature]

Date:

7/31/23

Management & Training Corporation
Texas Civil Commitment Center

SICK CALL REQUEST

RECEIVED

Date/Time:

Initials:

Client Name: <u>TIMOTHY BQ. 202</u>	Date Submitted: <u>9-5-23</u>
Client ID: <u>05904452</u>	Housing: <u>E-2</u> Work Location: <u>N/A</u>
Treatment Schedule: <u>Tues-Thurs 8-11:15</u>	Work Schedule: <u>N/A</u>

SERVICES REQUESTED

Medical	Dental	Prescription Refill	<input checked="" type="checkbox"/> Other (specify): <u>Keeping you posted</u>
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Reason for Request: I'm writing to touch base w/ the medical department. I went out today & saw the orthopedic doctor & he told me he'd be recommending an order be put in for an MRI, w/ chd the X-ray today so please let me know when I'll be scheduled for → DO NOT WRITE BELOW THIS LINE the MRI please.

TO BE COMPLETED BY MEDICAL STAFF

Screening Date: <u>9/6/23</u>	Screening Time: <u>1025</u>	Nurse Initial: <u>SH</u>	<u>Routine</u> Urgent
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ACTION TAKEN BY MEDICAL (initial in box)

<input checked="" type="checkbox"/> Written response (see below)	Referred to provider	Client refused to form completed	Prescription refill ordered: Date:
Seen by nurse	Seen by provider	Offsite provider appointment scheduled this date:	Type of provider:

Response to client or Nursing comments:

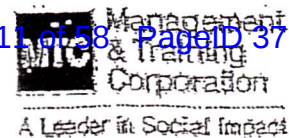
You have a follow up already scheduled to see provider about this issue.

Nurse Print/Sign: Deftonw F Delgado RNDate: 9-6-23

Provider comments:

Provider Print/Sign:

Date:



Texas Civil Commitment Center
Client Communication Form

Type of Communication

☐ REQUEST FOR COPIES/RECORDS☐ REQUEST FOR PROPERTY☒ OTHER Specify: MS. T. GRAVES - H.S.A.NAME: Timothy Baiza DATE: 12/5/23 TCCC# 05904482 UNIT: E-2

Client write request in this box:

I would like to have a face to face meeting w/you A.S.A.P. CONCERNING the OVERT differences in what the Ortho. Specialist AND/OR N.P. HAVE to SAY about repairing my damaged right torn bicept.

Thank you for your time.

Client Signature: [Signature]Date: 12/5/23

Date Communication received: _____

Staff Response to request:

all I can go off of is Specialist and Dr. Notes. They are the providers and we will follow their recommendations

Staff Signature: [Signature]Staff Name Printed: TorresStaff Title: USADate: 12/13/2023

BAIZA, TIMOTHY #05904482

DOB: 12/19/1979 (43y) Location: E2-5-1T

Provider Progress/Narrative Note**Type of Note:**☒ SOAPeSubjective**Subjective Data (what is the patient being seen for):**

C/O right shoulder pain x5 weeks. He injured his right shoulder while playing basketball (he swung too hard and heard a "popped" noise from affected shoulder)

Is patient experiencing pain:☒ Yes**Pain Scale:**☒ 5**Aggravating Factors:**

movement

Alleviating Factors:

rest, ibuprofen

Does the pain radiate:☒ NoObjective**Did patient Refuse vitals:**☒ No vitals RefusedVital Signs**Temperature:**

97.4

Respiratory:

20

Weight:

173

Pulse:

77

Blood Pressure:

114/75

O2 Sats:

98

General:

well appearing, No acute distress

Pulmonary:

CTAB

Abdomen:Provider Progress/Narrative Note

SOAP note Providers

Patient Name: BAIZA, TIMOTHY

Patient Number: 05904482

Location: E2-5-1T

DOB: 12/19/1979

Facility: TEXAS CIVIL COMMITMENT CENTER

Electronically Signed By NKULE, MYRA, NP on 01/04/2023 10:05:18

R. 11.

Soft , non-tender

Extremities:

tenderness and decrease ROM to right shoulder

Neurological:

2-12 grossly intact

Current Medications:

None

Assessment

Assessment (Diagnosis):

Right shoulder pain

Plan

Plan:

3 V right shoulder

avoid high impact activities to right shoulder.

take ibuprofen prn for pain. Notify HCP is symptoms get worse

Follow-up:

☒ No Follow-up needed at this time

Vital(s)/Treatment(s) being ordered:

☒ No

Order Labs:

☒ No

Order Other Diagnostics (i.e. X-Ray, ECG, Sonogram):

☒ Yes

Order Immunization(s):

☒ No

Order Outside Referrals/Consults:

☒ No

Education

Provider Progress/Narrative Note

SOAP note Providers

Patient Name: BAIZA, TIMOTHY

Patient Number: 05904482

Location: E2-5-1T

DOB: 12/19/1979

Facility: TEXAS CIVIL COMMITMENT CENTER

Electronically Signed By NKULE, MYRA, NP **on** 01/04/2023 10:05:18

19.12.

BAIZA, TIMOTHY #05904482

DOB: 12/19/1979 (43y) Location: E2-5-1T

Education Provided:

- ☒ Diet ☒ Diet, Weight Loss, Exercise ☒ Medication ☒ Disease Process ☒ Risk Factors and Reducers
☒ Signs and Symptoms to Report

Interpreter:☒ No**Save Log**

User Name	AuditDateAndTime
NKULE, MYRA, NP	01/04/2023 10:05:18

Provider Progress/Narrative Note

SOAP note Providers

Patient Name: BAIZA, TIMOTHY**Patient Number:** 05904482**Location:** E2-5-1T**DOB:** 12/19/1979**Facility:** TEXAS CIVIL COMMITMENT CENTER**Electronically Signed By** NKULE, MYRA, NP **on** 01/04/2023 10:05:18

P.B.

BAIZA, TIMOTHY #05904482

DOB: 12/19/1979 (43y) Location: E2-5-1T

Chronic Care Clinic**Date:**

02/23/2023

Did patient refuse or not show up for Chronic Clinic appointment:☒ Patient is Present**Type(s) of Chronic Care Clinic(s):**☒ General Medicine**Type of General Medicine Clinic:**☒ Other**Other General Medicine Diagnosis:**

right shoulder pain

Allergies:

NO KNOWN DRUG ALLERGY

Current Medications:

ACETAMINOPHEN 325MG TAB – [TAKE 2 TABLET(S) ORALLY THREE TIMES DAILY AS NEEDED FOR PAIN] – 2023-01-23–2023-03-23
 IBUPROFEN 200MG TABLET – [TAKE 3 TABLET(S) ORALLY THREE TIMES DAILY AS NEEDED FOR PAIN] – 2023-01-23–2023-03-23

Subjective**History of Present Illness/Innesses:**

Still has right shoulder pain. Slipped and fell after my last appointment with patient.

Review of Systems**General:**☒ No Fever ☒ No Weakness ☒ No Fatigue ☒ No Recent Weight Change**Skin:**☒ No Dryness ☒ No Ulcer ☒ No Rash ☒ No Itching ☒ No Skin Breaks**Eyes:**☒ No Visual Changes ☒ No Pain ☒ No Redness ☒ No Itching ☒ No Tearing**HENT:**☒ No Swollen Glands ☒ No Ear Pain ☒ No Sore Throat ☒ No Congestion**Respiratory:**☒ No Dyspnea ☒ No Cough ☒ No Wheezing ☒ No Hemoptysis**Cardiovascular:**☒ No Chest Pain ☒ No Palpitation ☒ No Orthopnea ☒ No Peripheral Edema**Gastrointestinal:****Chronic Care Clinic**

Combined Chronic Care Clinic form.

Patient Name: BAIZA, TIMOTHY**Patient Number:** 05904482**Location:** E2-5-1T**DOB:** 12/19/1979**Facility:** TEXAS CIVIL COMMITMENT CENTER**Electronically Signed By** NKULE, MYRA, NP on 02/23/2023 16:22:27

B914

☒ No Nausea ☒ No Vomiting ☒ No Abdominal Pain ☒ No Diarrhea ☒ No Constipation ☒ No Heartburn

Genitourinary:

☒ No Dysuria ☒ No Change in Urine Stream

Additional Comments on Musculoskeletal Review:

right shoulder pain, limited ROM right shoulder

Neurologic:

☒ No Headache ☒ No Numbness ☒ No Weakness ☒ No Memory Changes ☒ No Dizziness
☒ No Pins and Needles ☒ No Vertigo

Hematologic:

☒ No Easy Bleeding ☒ No Easy Bruising

Endocrine:

☒ No Heat or Cold Intolerance ☒ No Fatigue ☒ No Polyuria

Objective

Did patient refuse vitals:

☒ No vitals Refused

Vital Signs

Pulse Rate:

77

Blood Pressure:

120/81

O2 Sat:

96

Respiratory Rate:

18

Weight:

169

Temperature:

97.4

BP Recheck (if needed)

Physical Exam

General:

☒ Alert ☒ Clean ☒ Neat ☒ Well Nourished ☒ No Acute Distress

Skin:

☒ Normal Color ☒ Warm ☒ Intact

Eyes:

☒ PEERLA ☒ Normal Sclera

HENT:

☒ Head Atraumatic

Chronic Care Clinic

Combined Chronic Care Clinic form.

Patient Name: BAIZA, TIMOTHY

Patient Number: 05904482

Location: E2-5-1T

DOB: 12/19/1979

Facility: TEXAS CIVIL COMMITMENT CENTER

Electronically Signed By NKULE, MYRA, NP on 02/23/2023 16:22:27

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Neck:☒ Supple ☒ No palpable adenopathy**Respiratory:**☒ Lung sounds clear to auscultation bilaterally ☒ No Wheezes Noted ☒ No Rales ☒ No Rhonchi**Cardiovascular:**☒ Normal S1 & S2 ☒ RRR ☒ No clicks, murmurs, or gallops ☒ No lower extremity edema**Gastrointestinal:**☒ Abdomen is soft, non-tender**Musculoskeletal:**☒ Normal gait**Additional Musculoskeletal Exam Notes:**

abnormality to right bicep, decrease ROM/pain to right shoulder.

Neurologic:☒ Alert and Oriented x 4 ☒ CN's II-XII intact ☒ Normal gait**Assessment****Other General Medicine Assessment (Diagnosis):**

right shoulder pain

Degree of Control for Other General Medicine:☒ Fair (General Medicine)**Clinical Status of Other General Medicine:**☒ Stable**Plan****General Medicine/Mental Health Plan:**

right shoulder pain

MRI Pending

Cymbalta ordered for pain

Medication:☒ New Medication**Specify new/changed/renewed medication(s):**

Cymbalta 60mg at hs for pain

Chronic Care Clinic

Combined Chronic Care Clinic form.

Patient Name: BAIZA, TIMOTHY**Patient Number:** 05904482**Location:** E2-5-1T**DOB:** 12/19/1979**Facility:** TEXAS CIVIL COMMITMENT CENTER**Electronically Signed By** NKULE, MYRA, NP on 02/23/2023 16:22:27

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Vital(s)/Treatment(s) being ordered:☒ No**Order Labs:**☒ Yes**Order Other Diagnostics (i.e. X-Ray, ECG, Sonogram):**☒ No**Order Immunization(s):**☒ No**Order Outside Referrals/Consults:**☒ No**Next Chronic Clinic Visit:**☒ Schedule Next Chronic Clinic**Return to Chronic Care Clinic:**☒ 180 days**Does the patient need any other appointment scheduled:**☒ No**Education****Education Provided:**☒ Diet ☒ Medication ☒ Exercise ☒ Diet/Exercise/Weight ☒ Disease Process ☒ Risk Factors and reducers☒ Signs and symptoms to report ☒ Medication Compliance**Patient verbalizes understanding:**☒ Yes**Interpreter needed:**☒ No**Save Log**

User Name	AuditDateAndTime
NKULE, MYRA, NP	02/23/2023 16:22:27

Chronic Care Clinic

Combined Chronic Care Clinic form.

Patient Name: BAIZA, TIMOTHY**Patient Number:** 05904482**Location:** E2-5-1T**DOB:** 12/19/1979**Facility:** TEXAS CIVIL COMMITMENT CENTER**Electronically Signed By** NKULE, MYRA, NP on 02/23/2023 16:22:27

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Provider Progress/Narrative Note**Type of Note:**☒ NarrativeNarrative**Narrative Note:**

Requesting work authorization

States he has been delivering trays despite right shoulder pain/Decrease ROM

VS—97.5, 97%, 76, 119/82, 172lbs

Lungs CTAB, Heart s1s2 no murmur, decrease ROM right shoulder, deformed right bicep

Plan

ok to work with restrictions—no lifting more than 25 pounds

awaiting to see orthopedic —possible rupture right bicep long head and shoulder pain

f/up prn

Plan**Follow-up:**☒ No Follow-up needed at this time**Interpreter:**☒ No**Save Log**

User Name	AuditDateAndTime
NKULE, MYRA, NP	05/10/2023 12:17:37

Provider Progress/Narrative Note

SOAP note Providers

Patient Name: BAIZA, TIMOTHY**Patient Number:** 05904482**Location:** E2-5-1T**DOB:** 12/19/1979**Facility:** TEXAS CIVIL COMMITMENT CENTER**Electronically Signed By** NKULE, MYRA, NP on 05/10/2023 12:17:37

P. 18,

DOB: 12/19/1979 (43y) Location: E2-5-1T

BAIZA, TIMOTHY #05904482

Provider Progress/Narrative Note**Type of Note:**☒ NarrativeNarrative**Narrative Note:**

ORTHO notes from 9/5/2023 reviewed

Plan**Follow-up:**☒ No Follow-up needed at this time**Order Outside Referrals/Consults:**☒ Yes**Specify Outside Referrals/Consults needing to be ordered:**

Radiology—MRI right shoulder

Pt was evaluated by ortho on 9/5/2023 for deformed right biceps and right shoulder weakness/pain. Bicep tendon rupture suspected. MRI of right shoulder recommended. Pt fell months ago and injured right shoulder

Type of Outside Referral/Consult:☒ Routine**Interpreter:**☒ No**Save Log**

User Name	AuditDateAndTime
NKULE, MYRA, NP	09/12/2023 14:20:22

Provider Progress/Narrative Note

SOAP note Providers

Patient Name: BAIZA, TIMOTHY**Patient Number:** 05904482**Location:** E2-5-1T**DOB:** 12/19/1979**Facility:** TEXAS CIVIL COMMITMENT CENTER**Electronically Signed By** NKULE, MYRA, NP on 09/12/2023 14:20:22

29.19.

Chronic Care Clinic**Date:**

10/04/2023

Did patient refuse or not show up for Chronic Clinic appointment:☒ Patient is Present**Type(s) of Chronic Care Clinic(s):**☒ General Medicine**Type of General Medicine Clinic:**☒ Other**Other General Medicine Diagnosis:**

Right shoulder pain

Allergies:

NO KNOWN DRUG ALLERGY

Current Medications:

MELOXICAM 15MG TABLET – [TAKE 1 TABLET(S) ORALLY ONCE DAILY] – 2023-07-31–2023-10-28

Additional Information:

NO ANSWER PROVIDED

Subjective**History of Present Illness/Innesses:**

Pt fell almost a year ago and injured right shoulder. Mobic helps a little with his pain

MRI of right shoulder is pending. He was evaluated by ortho a few weeks ago

Review of Systems**General:**☒ No Fever ☒ No Weakness ☒ No Fatigue ☒ No Recent Weight Change**Additional Comments on General Review:**

NO ANSWER PROVIDED

Skin:☒ No Dryness**Additional Comments on Skin Review:**

NO ANSWER PROVIDED

Eyes:☒ No Visual Changes**Chronic Care Clinic**

Combined Chronic Care Clinic form.

Patient Name: BAIZA, TIMOTHY**Patient Number:** 05904482**Location:** E2-5-1T**DOB:** 12/19/1979**Facility:** TEXAS CIVIL COMMITMENT CENTER**Electronically Signed By** NKULE, MYRA, NP on 10/04/2023 10:30:45

A.20.

Additional Comments on Eyes Review:

NO ANSWER PROVIDED

HENT:

☒ No Swollen Glands

Additional Comments on HENT Review:

NO ANSWER PROVIDED

Respiratory:

☒ No Dyspnea ☒ No Cough ☒ No Wheezing ☒ No Hemoptysis

Additional Comments on Respiratory Review:

NO ANSWER PROVIDED

Cardiovascular:

☒ No Chest Pain ☒ No Palpitation ☒ No Orthopnea

Additional Comments on Cardiovascular Review:

NO ANSWER PROVIDED

Gastrointestinal:

☒ No Nausea ☒ No Vomiting

Additional Comments on Gastrointestinal Review:

NO ANSWER PROVIDED

Genitourinary:

☒ No Dysuria ☒ No Flank Pain ☒ No Change in Urine Stream

Additional Comments on Genitourinary Review:

NO ANSWER PROVIDED

Musculoskeletal:

NO ANSWER PROVIDED

Additional Comments on Musculoskeletal Review:

right shoulder pain/weakness/decrease ROM

Deformed right biceps

Psychiatric:

NO ANSWER PROVIDED

Additional Comments on Psychiatric Review:

NO ANSWER PROVIDED

Neurologic:

Chronic Care Clinic

Combined Chronic Care Clinic form.

Patient Name: BAIZA, TIMOTHY

Patient Number: 05904482

Location: E2-5-1T

DOB: 12/19/1979

Facility: TEXAS CIVIL COMMITMENT CENTER

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☒ No Headache ☒ No Numbness

Additional Comments on Neurologic Review:

NO ANSWER PROVIDED

Hematologic:

NO ANSWER PROVIDED

Additional Comments on Hematologic Review:

NO ANSWER PROVIDED

Endocrine:

NO ANSWER PROVIDED

Additional Comments on Endocrine Review:

NO ANSWER PROVIDED

Pain Scale:

NO ANSWER PROVIDED

Objective

Did patient refuse vitals:

☒ No vitals Refused

Vital Signs

Pulse Rate:

90

Blood Pressure:

102/71

O2 Sat:

96

Respiratory Rate:

20

Weight:

173

Temperature:

97.6

BP Recheck (if needed)

Blood Pressure Recheck #1:

NO ANSWER PROVIDED

Time of Recheck #1:

NO ANSWER PROVIDED

Blood Pressure Recheck #2:

NO ANSWER PROVIDED

Time of Recheck #2:

NO ANSWER PROVIDED

Blood Pressure Recheck #3:

NO ANSWER PROVIDED

Time of Recheck #3:

NO ANSWER PROVIDED

Physical Exam

Chronic Care Clinic

Combined Chronic Care Clinic form.

Patient Name: BAIZA, TIMOTHY

Patient Number: 05904482

Location: E2-5-1T

DOB: 12/19/1979

Facility: TEXAS CIVIL COMMITMENT CENTER

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Pg. 22,

General:

☒ Alert ☒ Clean ☒ Neat ☒ Well Nourished ☒ No Acute Distress

Additional General Exam Notes:

NO ANSWER PROVIDED

Skin:

☒ Normal Color

Additional Skin Exam Notes:

NO ANSWER PROVIDED

Eyes:

☒ Normal Sclera

Additional Eye Exam Notes:

NO ANSWER PROVIDED

Fundoscopy Exam:

NO ANSWER PROVIDED

Additional Fundoscopic Exam Notes:

NO ANSWER PROVIDED

HENT:

☒ Head Atraumatic

Additional HENT Exam Notes:

NO ANSWER PROVIDED

Neck:

☒ Supple ☒ No palpable adenopathy

Additional Neck Exam Notes:

NO ANSWER PROVIDED

Respiratory:

☒ Lung sounds clear to auscultation bilaterally

Additional Respiratory Exam Notes:

NO ANSWER PROVIDED

Cardiovascular:

☒ Normal S1 & S2 ☒ RRR ☒ No clicks, murmurs, or gallops ☒ No lower extremity edema

☒ Palpable pedal pulse Bilateral

Additional Cardiovascular Exam Notes:

NO ANSWER PROVIDED

Chronic Care Clinic

Combined Chronic Care Clinic form.

Patient Name: BAIZA, TIMOTHY

Patient Number: 05904482

Location: E2-5-1T

DOB: 12/19/1979

Facility: TEXAS CIVIL COMMITMENT CENTER

Electronically Signed By NKULE, MYRA, NP **on** 10/04/2023 10:30:45

Rg. 23.

Gastrointestinal:

☒ Abdomen is soft, non-tender

Additional Gastrointestinal Exam Notes:

NO ANSWER PROVIDED

Genitourinary:

NO ANSWER PROVIDED

Additional Genitourinary Exam Notes:

NO ANSWER PROVIDED

Musculoskeletal:

☒ Normal gait

Additional Musculoskeletal Exam Notes:

right shoulder pain/weakness/decrease ROM

Deformed right biceps

Neurologic:

☒ Alert and Oriented x 4 ☒ CN's II-XII intact ☒ Normal gait

Additional Neurologic Exam Notes:

NO ANSWER PROVIDED

Additional Findings:

NO ANSWER PROVIDED

Assessment

Other General Medicine Assessment (Diagnosis):

Right shoulder pain/ deformed bicep

Additional Assessment (Diagnosis):

NO ANSWER PROVIDED

Degree of Control for Other General Medicine:

☒ Fair (General Medicine)

Clinical Status of Other General Medicine:

☒ Stable

Plan

Other notes:

Chronic Care Clinic

Combined Chronic Care Clinic form.

Patient Name: BAIZA, TIMOTHY

Patient Number: 05904482

Location: E2-5-1T

DOB: 12/19/1979

Facility: TEXAS CIVIL COMMITMENT CENTER

Electronically Signed By NKULE, MYRA, NP **on** 10/04/2023 10:30:45

NO ANSWER PROVIDED

General Medicine/Mental Health Plan:

Right shoulder pain/ deformed bicep

Awaiting MRI right shoulder

take Mobic for pain management

Medication:

NO ANSWER PROVIDED

Vital(s)/Treatment(s) being ordered:

NO ANSWER PROVIDED

Order Labs:

☒ Yes

Order Other Diagnostics (i.e. X-Ray, ECG, Sonogram):

NO ANSWER PROVIDED

Order Immunization(s):

NO ANSWER PROVIDED

Does patient require a Therapeutic Diet:

☒ No

Order Outside Referrals/Consults:

NO ANSWER PROVIDED

Next Chronic Clinic Visit:

☒ Schedule Next Chronic Clinic

Return to Chronic Care Clinic:

☒ 180 days

Does the patient need any other appointment scheduled:

☒ No

Education

Education Provided:

- ☒ Diet ☒ Medication ☒ Exercise ☒ Diet/Exercise/Weight ☒ Disease Process ☒ Risk Factors and reducers
☒ Signs and symptoms to report ☒ Medication Compliance

Patient verbalizes understanding:

Chronic Care Clinic

Combined Chronic Care Clinic form.

Patient Name: BAIZA, TIMOTHY

Patient Number: 05904482

Location: E2-5-1T

DOB: 12/19/1979

Facility: TEXAS CIVIL COMMITMENT CENTER

Electronically Signed By NKULE, MYRA, NP **on** 10/04/2023 10:30:45

1925

☒ Yes

Interpreter needed:

☒ No

Save Log

User Name	AuditDateAndTime
NKULE, MYRA, NP	10/04/2023 10:30:45

Chronic Care Clinic
Combined Chronic Care Clinic form.

Patient Name: BAIZA, TIMOTHY
Patient Number: 05904482
Location: E2-5-1T
DOB: 12/19/1979
Facility: TEXAS CIVIL COMMITMENT CENTER
Electronically Signed By NKULE, MYRA, NP **on** 10/04/2023 10:30:45

Pg. 26.

Provider Progress/Narrative Note

Type of Note:

☒ Narrative

Narrative

Narrative Note:

Pt needs MRI of shoulder

Plan

Follow-up:

☒ No Follow-up needed at this time

Medication:

NO ANSWER PROVIDED

Vital(s)/Treatment(s) being ordered:

NO ANSWER PROVIDED

Order Labs:

NO ANSWER PROVIDED

Order Other Diagnostics (i.e. X-Ray, ECG, Sonogram):

☒ Yes

Order Immunization(s):

NO ANSWER PROVIDED

Order Outside Referrals/Consults:

☒ Yes

Specify Outside Referrals/Consults needing to be ordered:

Radiology—Pt was evaluated by ortho on 9/5/2023 for deformed biceps and right shoulder weakness. bicep tendon rupture suspected

MRI right shoulder and arm has been recommended

Type of Outside Referral/Consult:

☒ Routine

Interpreter:

☒ No

Provider Progress/Narrative Note

SOAP note Providers

Patient Name: BAIZA, TIMOTHY

Patient Number: 05904482

Location: E2-5-1T

DOB: 12/19/1979

Facility: TEXAS CIVIL COMMITMENT CENTER

Electronically Signed By NKULE, MYRA, NP **on** 10/26/2023 10:43:16

Save Log

User Name	AuditDateAndTime
NKULE, MYRA, NP	10/26/2023 10:43:16

Provider Progress/Narrative Note

SOAP note Providers

Patient Name: BAIZA, TIMOTHY
Patient Number: 05904482
Location: E2-5-1T
DOB: 12/19/1979
Facility: TEXAS CIVIL COMMITMENT CENTER
Electronically Signed By NKULE, MYRA, NP on 10/26/2023 10:43:16

Provider Progress/Narrative Note

Type of Note:

☒ Narrative

Narrative

Narrative Note:

f/up post visit with ortho for right shoulder pain/right arm deformity.

Pt injured his shoulder more than 8 months ago; He slipped and fell (supported his weight with his right hand). He heard a "pop "sound when he fell.

Right shoulder pain is tolerable. Mobic helping with pain.

MRI right shoulder showed No rotator cuff tear, and tendonitis.

MRI right arm showed bicep tendon partial tear.

Per Dr. Joshi, surgery is not indicated (cosmetic deformity).

Plan

Follow-up:

☒ No Follow-up needed at this time

Medication:

NO ANSWER PROVIDED

Vital(s)/Treatment(s) being ordered:

NO ANSWER PROVIDED

Order Labs:

NO ANSWER PROVIDED

Order Other Diagnostics (i.e. X-Ray, ECG, Sonogram):

NO ANSWER PROVIDED

Order Immunization(s):

NO ANSWER PROVIDED

Order Outside Referrals/Consults:

NO ANSWER PROVIDED

Interpreter:

☒ No

Provider Progress/Narrative Note

SOAP note Providers

Patient Name: BAIZA, TIMOTHY

Patient Number: 05904482

Location: E2-5-1T

DOB: 12/19/1979

Facility: TEXAS CIVIL COMMITMENT CENTER

Electronically Signed By NKULE, MYRA, NP **on** 12/05/2023 10:32:03

Save Log

User Name	AuditDateAndTime
NKULE, MYRA, NP	12/05/2023 10:32:03

Provider Progress/Narrative Note

SOAP note Providers

Patient Name: BAIZA, TIMOTHY
Patient Number: 05904482
Location: E2-5-1T
DOB: 12/19/1979
Facility: TEXAS CIVIL COMMITMENT CENTER
Electronically Signed By NKULE, MYRA, NP on 12/05/2023 10:32:03

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Provider Progress/Narrative Note**Type of Note:**☒ NarrativeNarrative**Narrative Note:**

VS 107/74 P 76 02 98 T 97.5 6 weeks ago was playing handball hear a loud pop in right pop and NP said it was a strain...then slipped in shower.....has limit range of motion....tests for rotator cuff injury are positive..

Impression: Right rotator cuff injury.

Plan**Follow-up:**☒ Follow-up w/ MD**Follow-up w/ MD in:**☒ 60 Days**Medication:**☒ New Medication**Specify new/changed/renewed medication(s):**

ibuprofen 600mg tid prn x 60 days ands tylenol 650mg tid x 60days

Vital(s)/Treatment(s) being ordered:☒ No**Order Labs:**☒ No**Order Other Diagnostics (i.e. X-Ray, ECG, Sonogram):**☒ No**Order Immunization(s):**☒ No**Order Outside Referrals/Consults:**☒ No**Interpreter:****Provider Progress/Narrative Note**

SOAP note Providers

Patient Name: BAIZA, TIMOTHY**Patient Number:** 05904482**Location:** E2-5-1T**DOB:** 12/19/1979**Facility:** TEXAS CIVIL COMMITMENT CENTER**Electronically Signed By** BROSELOW, ROBERT on 01/23/2023 11:39:04

✓ No

Save Log

User Name	AuditDateAndTime
BROSELOW, ROBERT,	01/23/2023 11:39:04

Provider Progress/Narrative Note

SOAP note Providers

Patient Name: BAIZA, TIMOTHY
Patient Number: 05904482
Location: E2-5-1T
DOB: 12/19/1979
Facility: TEXAS CIVIL COMMITMENT CENTER
Electronically Signed By BROSELOW, ROBERT on 01/23/2023 11:39:04

Provider Progress/Narrative Note**Type of Note:**☒ NarrativeNarrative**Narrative Note:**

BP 117/78 P 96 T 99 02 97 R 18.....I saw this pt 2 months ago with findings consistent with torn right torn totator cuff...I started pt on tylenol and ibuprofen....

Plan**Follow-up:**☒ Follow-up w/ MD

Follow-up w/ MD in:

☒ 30 Days**Vital(s)/Treatment(s) being ordered:**☒ No**Order Labs:**☒ No**Order Other Diagnostics (i.e. X-Ray, ECG, Sonogram):**☒ Yes**Order Immunization(s):**☒ No**Order Outside Referrals/Consults:**☒ No**Interpreter:**☒ No**Save Log**

User Name	AuditDateAndTime
BROSELOW, ROBERT,	02/20/2023 12:40:40

Provider Progress/Narrative Note

SOAP note Providers

Patient Name: BAIZA, TIMOTHY**Patient Number:** 05904482**Location:** E2-5-1T**DOB:** 12/19/1979**Facility:** TEXAS CIVIL COMMITMENT CENTER**Electronically Signed By** BROSELOW, ROBERT **on** 02/20/2023 12:40:40

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Diagnostic and Imaging Order Form

Current Date:

02/20/2023

Detainee Gender:

M

Type of Imaging Order:

☒ MRI

Provide details of MRI order:

MRI right shoulder

Reason for Exam:

Pt has exam and clinical histort consistent with rotator cuff tear

Form Order Details

Ordered By BROSELOW, ROBERT

Save Log

User Name	AuditDateAndTime
BROSELOW, ROBERT,	02/20/2023 12:40:12

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BROSELOW, ROBERT,	02/20/2023 12:40:12	Form Processed Approval	False

Diagnostic and Imaging Order Form

Imaging form for ordering X-Rays, CTs, MRIs, etc.

Patient Name: BAIZA, TIMOTHY

Patient Number: 05904482

Location: E2-5-1T

DOB: 12/19/1979

Facility: TEXAS CIVIL COMMITMENT CENTER

Electronically Signed By BROSELOW, ROBERT **on** 02/20/2023 12:40:12

Medical Records Note**Narrative Notes:**

I believe pt has Right rotTOR CUGG TEAR AND PERHAPS RIGHT BICEPS INJURY. eILL REFER TO pt AND SEE BACK IN 30 DAYS...CONSIDER mri AFTER COMPLETES COURSE OF pt

Referrals Needed:

☒ No Referrals needed at this time

Interpreter:

☒ No

Save Log

User Name	AuditDateAndTime
BROSELOW, ROBERT,	03/29/2023 13:15:48

Medical Records Note

Progress Note for Med Records usage - both SOAPE and Narrative

Patient Name: BAIZA, TIMOTHY

Patient Number: 05904482

Location: E2-5-1T

DOB: 12/19/1979

Facility: TEXAS CIVIL COMMITMENT CENTER

Electronically Signed By BROSELOW, ROBERT **on** 03/29/2023 13:15:48

MTC Medical Documentation

Physical Therapy

Date: 4/15/2023

Patient Name: Baiza, Timothy

Patient Number: 5904482

S: Pt. states he has hx of Rt. Shldr pain w/ Rt. Bicep mm. tear. States has old shoulder injury w/ physical deformation w/ limited AROM. States he has been "working out" on his own and has no current functional limitations. Denies numbness/tingling/change in sensation.

O: Rt. Elbow/wrist/hand AROM: wfl, Rt. Shldr AROM: flex: approx. 140 degrees, abd: approx. 90 degrees, WFL ext/IR/ER. Rt. Biceps strength: 4/5, triceps 4/5. WFL: ADL's. noted biceps mm tear to Rt. UE. Ed. Pt. in strengthening ex's for bil. UE's.

A: Pt. w/ Rt. Biceps mm. tear/injury w/o significant functional limitations. Pt. ind. In strengthening ex's (home ex. program). Not appropriate for PT at this time.

P: Recommend orthopedic consult for Rt. Bicep tear (?). Pt. to cont. w/ home ex. program for bil. UE strengthening ex's. f/u prn.

CT-1, PT

Chris Trevino, PT

Pg. 36.

Provider Progress/Narrative Note**Type of Note:**☒ NarrativeNarrative**Narrative Note:**

This pt was seen by PT who agreed he had a torn Rt rotator cuff plus a torn Rt biceps muscle and recommended referral to an orthopedic surgeon. I have met with Dr Joshi who is ready to see our patients but is only lacking the contract bring signed.

Plan**Follow-up:**☒ Follow-up w/ MD

Follow-up w/ MD in:

☒ 60 Days**Order Outside Referrals/Consults:**☒ Yes

Specify Outside Referrals/Consults needing to be ordered:

Refer to orthopedic surgery

Type of Outside Referral/Consult:

☒ Routine**Interpreter:**☒ No**Save Log**

User Name	AuditDateAndTime
BROSELOW, ROBERT,	04/28/2023 11:44:27

Provider Progress/Narrative Note

SOAP note Providers

Patient Name: BAIZA, TIMOTHY

Patient Number: 05904482

Location: E2-5-1T

DOB: 12/19/1979

Facility: TEXAS CIVIL COMMITMENT CENTER

Electronically Signed By BROSELOW, ROBERT on 04/28/2023 11:44:27

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Provider Progress/Narrative Note

Type of Note:

☒ Narrative

Narrative

Narrative Note:

Wt 171 BP 113/80 94 02 95 T 97.5 R 16Pt presents for F/U on referral to orthopedic surgeon... Pt has torn right biceps ...pt has a hx or torn Rt rotator cuff and he has seen PT who agreed that he has the torn rotator cuff but a born right biceps which I had suspected. PT agrees with me and others who have seen him that referral to an orthopedic surgeon is indicated....Pt has been on cymbalta 90mg dail but side effects of sedation preclude it continuation. CMP and CBC recently were fine. I shall start him on Mobic and refer to orthopedic Surgeon.

Plan

Follow-up:

☒ Follow-up w/ MD

Follow-up w/ MD in:

☒ 60 Days

Medication:

☒ New Medication

Specify new/changed/renewed medication(s):

Mobic 15mg once daily at noon x 90 days...(He already stopped the cymbalta)..

Order Outside Referrals/Consults:

☒ Yes

Specify Outside Referrals/Consults needing to be ordered:

Dr Joshi,orthopedic surgeon...

Type of Outside Referral/Consult:

☒ Routine

Interpreter:

☒ No

Save Log

User Name	AuditDateAndTime
BROSELOW, ROBERT,	06/28/2023 13:31:02

Provider Progress/Narrative Note

SOAP note Providers

Patient Name: BAIZA, TIMOTHY

Patient Number: 05904482

Location: E2-5-1T

DOB: 12/19/1979

Facility: TEXAS CIVIL COMMITMENT CENTER

Electronically Signed By BROSELOW, ROBERT on 06/28/2023 13:31:02

Provider Progress/Narrative Note

Type of Note:

☒ Narrative

Narrative

Narrative Note:

Wt 174 BP 118/82 P 89 02 98 T 98.2 R 16..... Pt says the mobic 15mg and it has helped but he was wondering if there is a higher dose

Plan

Follow-up:

☒ Follow-up w/ MD

Follow-up w/ MD in:

☒ 60 Days

Medication:

☒ Renewal

Specify new/changed/renewed medication(s):

Mobic 15mg one daily x 90 days (KOP if permissible)...

Order Outside Referrals/Consults:

☒ Yes

Specify Outside Referrals/Consults needing to be ordered:

Refer Dr Joshi Covenant Orthopedic Group with individual contract if possible.....

Type of Outside Referral/Consult:

☒ Routine

Interpreter:

☒ No

Save Log

User Name	AuditDateAndTime
BROSELOW, ROBERT,	07/31/2023 13:54:53

Provider Progress/Narrative Note

SOAP note Providers

Patient Name: BAIZA, TIMOTHY

Patient Number: 05904482

Location: E2-5-1T

DOB: 12/19/1979

Facility: TEXAS CIVIL COMMITMENT CENTER

Electronically Signed By BROSELOW, ROBERT on 07/31/2023 13:54:53

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BAIZA, TIMOTHY #05904482

DOB: 12/19/1979 (44y) Location: E2-5-1T

Interpreter:

☒ No

Save Log

User Name	AuditDateAndTime
BROSELOW, ROBERT,	07/31/2023 13:54:53

Provider Progress/Narrative Note

SOAP note Providers

Patient Name: BAIZA, TIMOTHY

Patient Number: 05904482

Location: E2-5-1T

DOB: 12/19/1979

Facility: TEXAS CIVIL COMMITMENT CENTER

Electronically Signed By BROSELOW, ROBERT on 07/31/2023 13:54:53

Diagnostic and Imaging Order Form**Current Date:**

09/29/2023

Detainee Gender:

M

Type of Imaging Order:☒ MRI**Provide details of MRI order.**

MRI wight upper arm...multiple views if appropriate.....

Reason for Exam:

This pt has had pain in right upper arm for about 8 months and exam shows apparent biceps tear....Dr Joshi,orthopedic surgeon,wishes him to have MRI before deciding if a surgical repair would be appropriate...

Form Order Details

Ordered By: BROSELOW, ROBERT

Save Log

User Name	AuditDateAndTime
BROSELOW, ROBERT,	09/29/2023 13:41:08

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BROSELOW, ROBERT,	09/29/2023 13:41:08	Form Processed Approval	False

Diagnostic and Imaging Order Form

Imaging form for ordering X-Rays, CTs, MRIs, etc.

Patient Name: BAIZA, TIMOTHY**Patient Number:** 05904482**Location:** E2-5-1T**DOB:** 12/19/1979**Facility:** TEXAS CIVIL COMMITMENT CENTER**Electronically Signed By** BROSELOW, ROBERT on 09/29/2023 13:41:08

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BAIZA, TIMOTHY #05904482

DOB: 12/19/1979 (44y) Location: E2-5-1T

Provider Progress/Narrative Note**Type of Note:**☒ NarrativeNarrative**Narrative Note:**

Wt 170 Ht 5'6" T 98.0 P 84 O2 95% BP 106/74 Dr Joshi told him that 8 months with a biceps tear is too long to attempt a repair. HE said he wanted him to have an MRI of the right upper arm

Plan**Follow-up:**☒ Follow-up w/ MD**Follow-up w/ MD in:**☒ 60 Days**Medication:**

NO ANSWER PROVIDED

Vital(s)/Treatment(s) being ordered:

NO ANSWER PROVIDED

Order Labs:

NO ANSWER PROVIDED

Order Other Diagnostics (i.e. X-Ray, ECG, Sonogram):☒ Yes**Order Immunization(s):**

NO ANSWER PROVIDED

Order Outside Referrals/Consults:

NO ANSWER PROVIDED

Interpreter:☒ No**Save Log**

User Name	AuditDateAndTime
BROSELOW, ROBERT,	09/29/2023 13:42:11

Provider Progress/Narrative Note

SOAP note Providers

Patient Name: BAIZA, TIMOTHY**Patient Number:** 05904482**Location:** E2-5-1T**DOB:** 12/19/1979**Facility:** TEXAS CIVIL COMMITMENT CENTER**Electronically Signed By** BROSELOW, ROBERT **on** 09/29/2023 13:42:11

Pg. 42

**ORTHOPEDIC
SUGERY****ATUL JOSHI, M.D.**3506 21ST ST, SUITE 203

Phone: (806)725-4818

Fax: (806)723-7006

TO:	MTC medical	FROM:	Cristina Avila
FAX:	(806)485-8186	FAX:	(806)723-7006
PHONE:	(806)485-8168	PHONE:	(806)725-4818
DATE:	9/11/23	# OF PAGES:	6

SUBJECT:Timothy Baiza 12/19/1979

Office Notes from 09/05/23

Pg. 43.

Baiza, Timothy

MRN: 20024722037

Atul B Joshi, MD

Physician

Specialty: Orthopedic Surgery

Progress Notes



Signed

Encounter Date: 9/5/2023

HISTORY & PHYSICAL**Chief Complaint****Chief Complaint**

Patient presents with

- Arm Pain

*RT shoulder/bicep***Patient Name:** Timothy Baiza **DOB:** 12/19/1979 **PCP:** Robert J. Broselow, MD**Assessment/Plan****Assessment and Plan:****1. Pain in joint, upper arm, right (Primary)**

- XR Shoulder Right 2 + Vw; Future; Expected date: 09/05/2023

2. Biceps tendon rupture, proximal, right, initial encounter**Past Medical Hx:**

History reviewed. No pertinent past medical history.

Surgical Hx:**Past Surgical History:****Procedure**

- ANKLE SURGERY
- MOUTH SURGERY

Laterality

Date

Social Hx:**Family Hx:****Family History****Problem**

- Cancer
- Other (see comment)

RelationMaternal Grandmother
Maternal Grandfather

Age of Onset

Allergies:

No Known Allergies

Outpatient Medications:

Outpatient Encounter Medications as of 9/5/2023

Medication

Sig

Dispense

Refill

- meloxicam (MOBIC) 15 mg tablet
- Take 1 tablet by mouth Daily.

No facility-administered encounter medications on file as of 9/5/2023.

Subjective

History of Present Illness:

Timothy Baiza is a 43 y.o. male who presents with patient has a pain in the right shoulder and the discomfort. Patient said he had a history of fall and he said he had the sudden lump and he was trying to lift heavy weight also felt sudden pop and the lump appears. He has a discomfort. No other previous surgery no injection no other treatment was given.

Review of Systems:

A 10-point review of systems was conducted. All systems negative except as noted in the HPI.

Objective

BP 128/85 | Pulse 63 | Ht 1.676 m (5' 6") | Wt 78.9 kg (174 lb) | BMI 28.08 kg/m² Body mass index is 28.08 kg/m².

PHYSICAL EXAMINATION:

GENERAL: On examination, -43 y.o. year-old female alert and oriented three times.

VITAL SIGNS: Vital signs are stable.

HEENT: Normocephalic, atraumatic. PERRLA.

NECK: Supple. No lymphadenopathy.

RESPIRATORY: Bilateral air entry present.

CARDIOVASCULAR: First and second heart sound normal.

ABDOMEN: Soft.

NEUROLOGIC: Grossly intact.

SKIN: Warm and dry.

MUSCULOSKELETAL: . On examination of the skin intact no swelling no deformity shoulder full range of motion is a massive bicep rupture proximal noted. Because he is kind of body builder. Neurovascularly intact. Plan for MRI

MRI of the right shoulder. And the right arm to see exact status of other tendons as well as biceps quality. I do not think surgical treatment will be can be done after 8 months and the results may not be very good unfortunately but I until the MRI is done we cannot proceed further. Detailed discussion with the patient carried out follow-up appointment given. All question has been answered layman terms.

Imaging Studies:

XR Shoulder Right 2 + Vw

Result Date: 9/5/2023

X-rays of the right shoulder 2 views shows no fracture dislocation noted. No OA changes noted.

Surgical Risks: Patients having surgery have risks associated with Co Morbidity such as smoking, diabetes, obesity and Chronic pulmonary and heart disease (blood thinner), Parkinsonism, Fibromyalgia explained. With these comorbidities are in themselves individually and in their additive effect can be contributing factors and may result in poor outcome. Explained to the patient regarding cessation of smoking and for weight loss, and for the condition such as diabetes, COPD and heart disease, Parkinsonism, Fibromyalgia to follow the instruction of the primary or specialty physician for optimum management of the conditions.

For the surgery, if patient has a BMI more than 35 is associated with the high risk of complications. Encouraged the patient to talk to their primary physician. It is very important to lose weight as a complication rate intraoperative, postoperative and long-term are very high. Patient should take it very seriously. Talk to the primary physician, also look at bariatric surgery as alternative and seeing the nutrition therapist. Unless this is achieved surgery cannot be proceeded.

Pt understands treatment plan. Pt wish to proceed as outline treatment plan. Ample to time given to ask questions. All questions answered in layman terms. Pt given the follow-up appointment, if any problem or question to contact us

Atul B. Joshi, MD
9/5/2023

This note was dictated using voice recognition software. Occasional wrong-word or "sound-alike" substitutions may have occurred due to the inherent limitations of voice recognition software. Read the chart carefully and recognize, using context, where these substitutions have occurred. Please contact me if there are any questions regarding its content.

Electronically Signed by Atul B Joshi, MD on 09/05/23 1929

Office Visit on 9/5/2023 Note shared with patient

Additional Documentation

Vitals: BP 128/85 Pulse 63 Ht 1.676 m (5' 6") Wt 78.9 kg (174 lb) BMI 28.08 kg/m² BSA 1.92 m²
Pain Sc 9

Flowsheets: Vitals, ED qSOFA Calculation, Anthropometrics

Orders Placed

XR Shoulder Right 2 + Vw (Resulted 9/5/2023)

Medication Changes

As of 9/5/2023 9:28 AM

None

Visit Diagnoses

Primary: Pain in joint, upper arm, right M25.521

Biceps tendon rupture, proximal, right, initial encounter S46.211A

806 723 7006

Baiza, Timothy (MRN 20024722037) DOB: 12/19/1979

09:00:32 a.m. 12-05-2023
Circumfer Date: 11/21/2023

2 / 6

Baiza, Timothy

MRN: 20024722037

Office Visit 11/21/2023COVENANT MEDICAL GROUP
ORTHOPEDICS LDC

Provider: Atul B Joshi, MD (Orthopedic Surgery)

Primary diagnosis: Biceps tendon rupture, proximal, right, initial encounter

Reason for Visit: Shoulder Problem; Referred by Robert Joel Broselow, MD

Progress Notes

Atul B Joshi, MD (Physician) • Orthopedic Surgery

HISTORY & PHYSICAL**Chief Complaint****Chief Complaint**

Patient presents with

- Shoulder Problem
- Rt Shoulder*

Patient Name: Timothy Baiza **DOB:** 12/19/1979 **PCP:** Robert J. Broselow, MD**Assessment/Plan****Assessment and Plan:**

1. Biceps tendon rupture, proximal, right, initial encounter (Primary)

Past Medical Hx:

History reviewed. No pertinent past medical history.

Surgical Hx:**Past Surgical History:****Procedure**

Laterality

Date

- ANKLE SURGERY
- MOUTH SURGERY

Social Hx:**Family Hx:****Family History****Problem**

Relation

Age of Onset

- Cancer
- Other (see comment)

Maternal Grandmother
Maternal Grandfather**Allergies:**

No Known Allergies

Review of Systems:

A 10-point review of systems was conducted. All systems negative except as noted in the HPI.

BP 124/84 | Pulse 86 | Ht 1.676 m (5' 5.98") | Wt 78.9 kg (174 lb) | BMI 28.10 kg/m² Body mass index is 28.1 kg/m².

Imaging Studies:

No results found.

Outpatient Medications:

Outpatient Encounter Medications as of 11/21/2023

Medication	Sig	Dispense	Refill
• meloxicam (MOBIC) 15 mg tablet	Take 1 tablet by mouth Daily.		

No facility-administered encounter medications on file as of 11/21/2023.

Subjective**HISTORY & PHYSICAL****Chief Complaint****Chief Complaint**

Patient presents with

- Shoulder Problem
Rt Shoulder

Patient Name: Timothy Baiza **DOB:** 12/19/1979 **PCP:** Robert J. Broselow, MD

Assessment/Plan**Assessment and Plan:**

1. Biceps tendon rupture, proximal, right, initial encounter (Primary)

Past Medical Hx:

History reviewed. No pertinent past medical history.

Surgical Hx:**Past Surgical History:****Procedure**

- ANKLE SURGERY
- MOUTH SURGERY

Laterality**Date****Social Hx:****Family Hx:**

Family History

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Problem

- Cancer
- Other (see comment)

Relation

Maternal Grandmother
Maternal Grandfather

Age of Onset**Allergies:**

No Known Allergies

Review of Systems:

A 10-point review of systems was conducted. All systems negative except as noted in the HPI.

BP 124/84 | Pulse 86 | Ht 1.676 m (5' 5.98") | Wt 78.9 kg (174 lb) | BMI 28.10 kg/m² Body mass index is 28.1 kg/m².

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Outpatient Encounter Medications as of 11/21/2023

Medication	Sig	Dispense	Refill
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No facility-administered encounter medications on file as of 11/21/2023.

Subjective

MRI is positive for but she is clinical diagnosis of rotator cuff no otherwise involving any other tendons. This is a chronic bicep tendon. Rupture I do not know required what kind of surgery may be graft I do not know his candidate for it or not I think best thing him to refer it to UMC for further treatment

Treatment plan will make an appropriate arrangement for that. He wants surgery done. I do not feel surgery is indicated per se cosmetic deformity.

For the surgical patient:-

Patients undergoing surgery may face increased risks associated with co-morbidities, including smoking, diabetes, obesity, chronic pulmonary and heart diseases (requiring blood thinners), Parkinsonism, and Fibromyalgia. These coexisting health conditions, both individually and in their combined impact, can contribute to poor outcomes. It is essential for patients to adhere to the instructions provided by their primary or specialty physician to ensure optimal management of these health requirements for a better surgical outcome.

Patient undergoing the surgery, a BMI of more than 30 poses a significantly high risk, and with a BMI above 40, the risk increases even further. It is strongly recommended that the patient

consults with their primary physician to address weight loss, as the complication rates during intraoperative, postoperative, and long-term periods are markedly elevated in individuals with higher BMI.

Pt understands treatment plan. Pt wish to proceed as outline treatment plan. Ample to time given to ask questions. All questions answered in layman terms. Pt given the follow-up appointment, if any problem or question to contact us

Atul B. Joshi, MD

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Pt understands treatment plan. Pt wish to proceed as outline treatment plan. Ample to time given to ask questions. All questions answered in layman terms. Pt given the follow-up appointment, if any problem or question to contact us

Atul B. Joshi, MD

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Other Notes

All notes



Progress Notes from Andres Garcia, OR Tech

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806 723 7006

Baiza, Timothy (MRN 20024122031) DOB: 12/19/1979

09:02:51 a.m. 12-05-2023

ENCOUNTER DATE: 11/21/2023

6/6

Instructions

After Visit Summary (Automatic SnapShot taken 11/26/2023)

Additional Documentation

Vitals: BP 124/84 Pulse 86 Ht 1.676 m (5' 5.98") Wt 78.9 kg (174 lb) BMI 28.10 kg/m² BSA 1.92 m²
 Pain Sc 5

Flowsheets: Vitals, ED qSOFA Calculation, Anthropometrics

Documents — Encounter Level:

Documents: None found at the encounter level.

Documents — Order Level:

Documents: None found at the order level.

Encounter Status

Signed by Atul B Joshi, MD on 11/26/23 at 18:24

Orders Placed

None

Medication Changes

As of 11/21/2023 9:26 AM

None

Medication List at End of Visit

As of 11/21/2023 9:26 AM

	Refills	Start Date	End Date
meloxicam (MOBIC) 15 mg tablet	—		—
Take 1 tablet by mouth Daily. - Oral			
Patient-reported medication			

Visit Diagnoses

Primary: Biceps tendon rupture, proximal, right, initial encounter S46.211A

MTC - Texas Civil Commitment Center

Step 1

GRIEVANCE FORM

DATE RECEIVED 1/16/24	DATE DUE 2/16/24	GRIEVANCE NUMBER 24-01-78
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SVP Client Name: Timothy BAIZASID #: 05904482Housing Assignment: E-2Where incident occurred: Tx Civil Commitment Center, Littlefield, Tx

You must try to informally resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Numerous Communication forms to Ms. Graves - H.S.A.When? Dec. 2022 - Present What was their response? That M.T.C. couldn't send me to the Sports Medicine DR. That Dr. A. Joshi had referred me to, due to a lack of contract with that DR.What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and whether or not this is an appeal to a disciplinary infraction, if appropriate.

On 9-5-23, I went to an appointment with Orthopedic Surgeon, Dr. Atul Joshi in Lubbock, TX, because I had torn my bicep and additionally hurt my shoulder in December 2022. I continually wrote sick calls, and communication forms trying to get the medical help I needed. However, M.T.C. medical just kept telling me that due to the fact they didn't have a contract for services with any Orthopedic Specialist, I was met with deliberate indifference to my pain, suffering, and need of specialized care. Dr. Joshi told me plainly that I needed and should I had surgery at the time of my injury, but the 9 months of not being seen by a specialist, made my chances of a successful surgery, and recovery very slim, if possible at all.

The main issue here is that M.T.C. medical bears the full responsibility for my medical care. As such, their inability to advise, and keep in place a contract for outside medical care, places M.T.C. fully responsible for any and all negative consequences to me physically, and M.T.C. legally culpable for its inability to provide appropriate medical care to me.

YOUR SIGNATURE IS REQUIRED ON THE BACK OF THIS FORM (OVER)

MTC-Step 1

Revised 5/1/2019

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Action Requested to resolve your Complaint.

At the present time I am once again appropriate medical care as Dr. Joshi referred me to a sports medicine specialist, however M.T.C. doesn't have a contract with that doctor, so they are denying the recommended services of that doctor to me.

SVP Client Signature: 

Date: 1/11/23

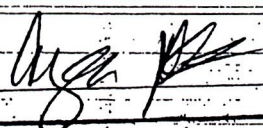
Grievance Response:

Mr. Baiza,

According to medical documentation by Dr. Joshi (Orthopedic Dr) dated 11/21/2023, he states the following "I do not feel surgery is indicated for cosmetic deformity." Health Services will not approve cosmetic procedures.

Thank you!

Grievance Investigator-Printed Name/Signature: Rodriguez

Signature Authority: 

Date: 1/22/2024

If you are dissatisfied with the Step 1 response, you may submit a Step 2 to the within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

MTC-Step 1

Revised 5/01/2019

A954.

MTC - Texas Civil Commitment Center

Step 2

GRIEVANCE FORM

DATE RECEIVED 2/2/2024	DATE DUE 3/2/2024	GRIEVANCE NUMBER 24-01-18
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SVP Client Name:

Timothy Baird

SID #:

05904482

Housing Assignment:

E-2

Where incident occurred:

TX. Civil Commitment Center, Littlefield TX.

You must attach the completed Step 1 grievance that has been signed by the Assistant Facility Administrator for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has not been processed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because....

Ms. A. Rodriguez, while going through the file notes of Dr. Jashi, the Orthopedic Specialist, she fails to address the (2) main points of the Step 1 grievance, that if they had been addressed in a timely manner, then surgery would not be rendered cosmetic. As stated in Step 1, the (2) main points of contention are as follows - #1. M.T.C. Medical bears the sole responsibility legally, morally, and contractually with the TX. Civil Commitment Office to provide timely and effective medical care to all clients of this facility. Furthermore, M.T.C. Medical also tasked with acquiring and to keep in place a contract for specialized services so that surgeries or other medical interventions in a timely manner. Dr. Jashi makes mention of the 8-9 months delay that in his opinion renders doing surgery at this late date, renders the surgery cosmetic. #2 At present Dr. Jashi has referred me to a sports medicine specialist, yet once again, simply because M.T.C. Medical doesn't have a contract with that doctor. I'm denied the benefit of that doctor's medical expertise. When M.T.C. Medical failed me as a client under their care, they now bear the full responsibility for any and all negative consequences to me physically. In addition, M.T.C. is legally culpable for its inability to provide appropriate, timely medical care to me.

YOUR SIGNATURE IS REQUIRED ON THE BACK OF THIS FORM (OVER)

Ag. SJ.

Action Requested to resolve your Complaint.

I ask that I be given the benefit & consultation with the Sports Medicine Specialist Dr. Jahn referred me to. And there shall be no retaliation for the filing of this grievance.

SVP Client Signature:

G. B. B.

Date:

1/31/24

Grievance Response:

The Dr. indicates this surgery to be cosmetic in nature and ~~the~~ ^{up} Health Service does not approve cosmetic surgery. Grievance denied.

Grievance Investigator Printed Name/Signature:

W. J. H. M. K. E. / FA

Signature Authority:

W. J. H. M. K. E. / FA

Date:

2-6-24

Texas Civil Commitment Office

Supervision Progress Report

Prepared by Kendrick Fennell

For May, June, July 2023

Client: Timothy Gabriel Baiza

Date of Birth: 12/19/1979

Home Address: 2600 South Sunset Ave, Littlefield, Tx 79339

Treatment Provider(s): Clayton Morrow

Tier Level: 2

Contact with Treatment Provider:

- Monthly Staffing was held on 07/12/23. Present were CD Sandoval, CM Fennell, CM Lyon, CM Gonzales, CM Brito, CM Phauosoung, and CM Beltran. The following information was reported and discussed with CD Sandoval:
- **Additional Assessments:** He had an ACUTE assessment and a STABLE assessment completed on 09/29/22. There were no additional assessments were completed during the review period.
- **Individual Session:** Mr. Baiza had an individual session completed on 06/28/23.
- **Assignments/Participation:** CT advised that Mr. Baiza attends group as required and is respectful to others. He last completed attachment during childhood. He is working on his end of tier for tier 2 revisions.
- **Assignment Tracking:** Mr. Baiza is making adequate progress.
- **Recommendations for Improvement:** CT recommends that Mr. Baiza should Complete end of tier assignment and continue on with treatment goals.
- **Mental Health- Services:** Mr. Baiza is not on the mental health caseload for services.

Client Comments:

Case Manager Summary:

- **Office Visits with CM:** CM Fennell completed office visits on 05/04/23, 05/16/23, 06/02/23, and 07/24/23. During these visits, he discussed the following: cost recovery, monthly visit report form, assignments, peer led groups, study hall, volunteer list, new medication, bone specialist for shoulder and bicep, quarterly progress report, collaterals, client concerns, living issues, and Walmart order.
- **Home Visits:** There were no home visits completed during the review period.
- **Status of sex offender registration:** DPS registration last verified on 08/08/2023 with Lamb County SO.
- **Texas ID card:** Mr. Baiza does have a state ID card; expires on 04/29/2027.
- **Tier:** Mr. Baiza is currently a Tier 2 client residing at TCCC 2600 South Sunset, Littlefield, Texas 79339, and has been since May 26, 2020.
- **Incident Reports:** Mr. Baiza has not received any incident reports during this review period.
- **Drug Screen:** Mr. Baiza was given a UA on 06/16/23; tests rendered negative results.
- **Polygraph:** Mr. Baiza's maintenance polygraph was completed on 09/24/22, and rendered no deception indicated. His next polygraph will be due September 2023.

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